ARIZ	ONA STATE BOARD OF HEA	ALTH 1/58*
l. PLACE OF BIRTH	BUREAU OF VITAL STATISTICS	State File No. 2
Hila	STANDARD CERTIFICATE OF BIRTH	Registered No.
County State	State Wrigo	na
District or Township or Village		
My Mo H8 Line Oak Care		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
If child is not yet named, make		
1 10 be answered ONLY 4. I win, triplet or other		
in event of plural bliths.	No., in order of birth	7. Date of birth Ma-19-1927
FATHER	11	Month Day Year
full name () +	14.	MOTHER
Intano Du	Urta. Full maiden name	andlia L.
Residence (Usual place of abode) Mia	mi i 15 Residence	M
If non-resident, give place and state.	(Usual place of abo	
	Usova. If non-resident,	live place and state. Urisona.
O. C for or race	[16 Color or race	
Mey 11. Age at last birthd	ay 38 (Years) Med	77. 10. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12
Λ /-	7700:	17. Age at last birthday 35 (Years)
2. Brthplace (city or place)	18. Birthplace (city of	or place) Jako Co
(State or country)	My (State or country)	(1 ment
3. Cupation	19. Occupation	7
No tire of Industry	11	
Miner	Nature of industry	Alana Da
). Number of children of this mother.	(a) Born alive and now living	21. Were precautions taken against oph-
Faken as of time of birth of child herein rtified and including this child.)	(b) Born alive but now dead 5	thalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 7/15 Phiereby certify that I attended the birth of this child, who was 10 m always 7/15 P		
/Remarks on the date above stated		
When there was no attending physician is midwife, then the father, householder, itc., should make this return. A stillborn		
	(Phinis	
iflows other evidence of life after birth. Syen name added from (Physician or midwife).		
supplemental report Month, day, year Address Muam, Irizona		
Registrar	Filed We g 1, 19	(M.C. Dim
	5 - 1	Registrar
	977	

という 一般を発出してする